

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/652 415</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">8-31-00</div>
APPLICANT(S) <div style="font-size: 1.2em; font-family: cursive;">/</div>	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL	17					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						